4.9x5.6 cm. Signs of ovarian torsion, CT pelvis showed the cyst and confirmed ovarian torsion.

**Results** Urgent laparoscopic surgery was done and we found the left ovarian pedicle torted 5 times with a pedicle of paratubal cyst which was making 5 loops around the ovarian pedicle and torted together. Detorsion done and the paratubal cyst was removed with its pedicle and signs of revascularization was observed in the left ovary histopathology result showed cyst excision benign cystic structure with ciliated epithelium and fibromuscular wall—consistent with dilated fallopian tube segment.

**Conclusion** This case suggests that a paratubal cyst should be included in the differential diagnosis of pelvic masses, especially in the reproductive age. A paratubal cyst may mimic an ovarian cyst preoperative.

**Abstract 2022-RA-1199-ESGO**

**THE UTERINE SARCOMA REPRESENTS 1 TO 5% OF MALIGNANT TUMORS OF THE UTERUS**

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**Introduction/Background** The uterine sarcoma represents 1 to 5% of malignant tumors of the uterus.

**Distribution** 1. T. mixed epithelial and mesenchymal elements (T Mixed müllerian) (50–60%): represented by the carcinosarcoma, adenosarcoma; 2. leiomyosarcoma (35%); 3. endometrial stromal sarcoma (ESS) (chorion cytogene low grade Bad prognosis except SBS 10%): low grade, and undifferentiated. Improved Surgery of the primary tumor and metastasis is essential. Place of the adjuvant chemotherapy remains has only the local control. Sensitivity differently according under histological type. Place determined of targeted therapeutic to define: the trabectedine.

**Methodology** The retrospective study of 17 cases of uterine sarcoma support in the medical oncology and surgical department at CPMC during the period between 2011–2018.

Results average age of diagnosis: 51 years. The diagnosis been done on the histological examination revealed to the operating room and post-operative. Three varieties: 10 cases of leiomyosarcoma, 3 cases of carcinosarcoma, 4 cases of endometrial stromal sarcoma (ESS) (chorion cytogene of the endometrial). The stage IV of the tumor was found in 50% of tumors and 25% for the stage IA. The prognosis is closely related to the stage of the tumor. The treatment was essentially a radical surgery in 5 cases, 12 cases have beneficed of chemotherapy, in cases of recurrence or metastasis. The protocols used concurrent chemoradiotherapy (CCRT) has been performed in patient presenting a carcinosarcoma. The answer: Total response (7 cases); Partial response (2 cases); Stable disease (4 cases); Failed (4 cases). Follow up: nine patients alive in remission, 4 patients died, 4 living patients in recurrence.

Conclusion the uterine sarcoma is a tumor of bad prognosis significance, the surgical of the primary tumor and metastases is essential; the chemotherapy is reserved in the event of a recurrence or metastatic. We report in this study, the Algerian experience in support of uterine sarcomas.

**Abstracts**

**2022-RA-1224-ESGO**

**PERIOPERATIVE MORBIDITY IN GYNECOLOGICAL ONCOLOGY: A SINGLE-CENTER PROSPECTIVE STUDY**

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10.1136/ijgc-2022-ESGO.441
Introduction/Background Perioperative morbidity is an undesirable but critical issue for gynecologic cancer patients. It may cause delay in subsequent treatment and escalate the cost of postoperative management. Various studies have identified potential risk factors for postoperative morbidity in non-gynecologic surgery. The aim of this study was to assess the pattern of perioperative complications for diagnosed or suspected gynecological malignancy and to identify risk factors for morbidity and mortality within 30 days.

Methodology A prospective observational study of patients who underwent major surgery for diagnosed or suspected gynecological malignancy from November 2019 to December 2021. Details of age, BMI, comorbidities, ASA status, preoperative hemoglobin, serum albumin, surgery, and complications were collected. Clavien-Dindo grade II-V post-op complications were included in the analysis. Univariable and multivariable regression was used to identify predictors of complications.

Results A total of 348 women were included in the analysis. The median age was 56 yrs, and 9.5% had an ASA grade ≥ 3. One hundred and thirty-five patients had carcinoma endometrium, 173 patients had carcinoma ovary, 7 patients underwent radical hysterectomy for carcinoma cervix and 33 patients had other pathologies. Intraoperative complications were reported in 61 patients with the majority being intraoperative hemorrhage (78.6%). Clavien-Dindo grade 2 or more postoperative morbidity was reported in 95 patients (27.3%) among whom 79 patients had grade 2 complications. Nine patients had grade 3 complications and 7 had grade 4 complications. On analysis, the independent predictors for perioperative morbidity were the complexity of surgery (p-value 0.47) and ASA score ≥ 3 (p-value 0.037).

Conclusion The independent predictors for perioperative morbidity in gynecological malignancy were the extent of surgical resection and the ASA status of the patient irrespective of age, BMI, or other comorbidities.